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Louis F. Wagner

Date

1/27/2006

27 January 2006

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**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

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Applicant:	Rowley, William W.	Examiner:	Unknown
Serial #:	10/621,479	Art Unit:	3626
Filing Date:	15 July 2003	Date:	27 January 2006
Title:	Method for Providing Personalized Medical Care		

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**RENEWAL OF PETITION TO MAKE SPECIAL UNDER MPEP §708.02(VIII)**

The Applicant hereby resubmits this Petition To Make Special. The Information Disclosure Statement, accompanied by Forms PTO/SB/08A and PTO/SB/08B, and a check in the amount of \$130.00 for the fee set forth in 37 C.F.R. §1.17(h) were previously submitted with the first submission of this request on December 19, 2005, and therefore are not being re-submitted with this renewed petition.

The Applicant asserts that all claims of this application are directed to a single invention. In the event the USPTO determines that all claims are not directed to a single invention, the applicant will make an election without traverse.

The Applicant states that a pre-examination search was made of literature related to the offering of services of personalized health care and medical services described in the application. Such search extended to scientific and medical literature in the field of health care as well as the World Wide Web. In addition, a search was made of the United States Patent and Trademark Office databases of issued patents and published patent applications, as well as the European

Patent Office database of patents and the Canadian Intellectual Property Office database of Canadian patents. The search terms utilized include: (personalized AND medical AND care); (personalized AND medicine AND care); (individualized AND medical AND care); (individualized AND medicine AND care); (personalized AND health AND care); (individualized AND health AND care); (user AND healthcare AND service); and (unique AND medical AND service), as well as other similar combinations related to health care systems and medical care systems. No class and subclass search was performed.

#### DETAILED DISCUSSION OF THE REFERENCES

The present claims relate to a method for providing personalized medical care from healthcare facilities chosen by a quantitative rating system for a group of members.

The enclosed forms PTO/SB/08A and PTO/SB/08B list seven references with related subject matter to that encompassed in the claims of the present patent application. Reference 1, listed on PTO/SB/08A, is a published patent application regarding a system and method for delivering integrated health care encompassing a combination of alternative medicine experts, allopathic specialists, and varying other medical coordinators and advisors. Reference 2, also listed on PTO/SB/08A, is a published patent regarding a method and system for providing a user-selected healthcare services package and healthcare services panel, customized based on a user's selections. Reference 3 on PTO/SB/08A, is a published patent regarding a system and method of collecting and populating a database with physician and patient data for processing to improve practice quality and healthcare delivery. References 4-5 are listed on Form PTO/SB/08B, and are journal articles published in the MGM Journal of the Medical Group Management Association. The articles discuss the emerging niche marketing opportunity of providing

personalized medical services to the affluent. References 6-7, also listed on Form PTO/SB/08B, are websites operated by two organizations that provide personalized medical services to executives, dignitaries, and other affluent people.

Reference 1, US Published Patent Application 2002/0194022 A1, listed on Form PTO/SB/08A, was published on December 19, 2002. The reference proposes a system and method for delivering integrated health care to a patient, which may include a site coordinator that creates a health portfolio for the patient, a nurse practitioner that answers questions raised by the patient, one or more allopathic specialists, a complementary-alternative medicine manager and complementary-alternative medicine specialists, and a physician that reviews the health portfolio. The nurse practitioner manages the allopathic specialists and the complementary-alternative medicine manager manages the complementary-alternative medicine specialists. A site coordinator is responsible for overseeing the relationships with the diagnostic and laboratory facilities, compiling medical records into a centralized system, preparing health portfolios, and working with the team to access the clinicians relevant to the care of the patient.

There are significant differences between the method and system described in the published patent application listed as Reference 1 and the current patent application for the Method for Providing Personalized Medical Care. The prior art teaches a system and method related to delivering integrated health care to a patient, and provides for a system focused primarily on non-conventional medical care comprised of allopathic specialists, complimentary-alternative specialists, and certain embodiments which encompass other non-traditional specialists such as behavioral health specialists, Chinese medicinal specialists, and energy work specialists. The present application for the Method for Providing Personalized Medical Care focuses on superior traditional hospitals and medical facilities, such as world renowned hospitals

that are able to provide exemplary specialists and state of the art medical technology. Also, the prior art provides a nurse practitioner and site coordinator to manage and facilitate the other members of the patient's medical team, while the current patent application provides for one dedicated staff member at each hospital to act as a central facilitator between the medical facility and the member patient.

Differences also exist in the process for determining membership and the participating medical providers. The referenced published patent application teaches of no membership requirement or other discerning factors for limiting membership. The claims of the current patent application limit the services provided by the method to members whom are charged a membership fee. Reference 1 also does not teach of any quantitative method for choosing the individual medical providers offering services besides the area of practice of the individual provider. The current patent application provides for choosing of the medical facilities offered by the method to be based upon at least one quantitative rating system, where approximately the top 20%, for example, of facilities ranked in the rating system will be chosen.

There are also differences in the review and evaluation of the patient's experience with the program implemented by the method and systems described in the patent applications. The prior art appearing as Reference 1 provides a system of ongoing, continuous, preventative health management with no quantitative method for evaluating the patient's experience with the medical providers or system as a whole. The current patent application provides a system for evaluating each experience with a provider, and using those evaluations to request donations for exceptional medical facilities and gifts for the exemplary doctors and other individuals that assisted in high quality service to the patient.

The teaching of the prior art and the pending independent claims of the application at issue include distinctions in the category of care provided (traditional versus alternative) as well as the method of managing the members of the system. Distinctions also exist in the determination of inclusion of members as well as the inclusion of medical providers and facilities. The evaluation and follow up of members receiving care through the method also differ between the prior art and the current patent application.

Reference 2 is a US patent which was issued on May 11, 2004, and filed on November 4, 1999. The patent pertains to a method and system for providing a user-selected healthcare service package and healthcare service panel customized based on the user's selections. The system provides for a central server to store and process data and runs on a central internet site. The patient user could log on to the central internet site and using personal and financial identifiers, characteristics, and restrictions as well as geographic limitations, choose a panel of doctors and health care advisors to oversee the patient's healthcare. From the panel of physicians and other health care advisors, recommended health care service providers (insurance providers, PPO's, HMO's, etc.) are provided to the patient for their choice of an umbrella health policy.

Many distinctions exist between the above referenced patent and the current patent application at issue for the Method for Providing Personalized Medical Care. The central patient interface in the referenced patent is an internet website that is run by a centralized server. The present patent application provides for a dedicated staff member to act as the main patient point of contact for the medical facility utilized by the patient. Maximum patient comfort and human contact is provided, rather than a non-human central interface as provided for in the issued patent. The dedicated staff members are responsible for handling any member concerns and

facilitating their visit at the medical facility. The central internet interface of the referenced patent is only responsible for handling the transfer of information between the user and the service.

Another distinction exists in the type of medical facilities that are offered through the methods. The referenced patent offers a comprehensive list of health care facilities and doctors based on factors such as location, cost, and specialty. Quality of performance of the facility or doctor is not taken into account. The patent application at hand uses a quantitative rating system to rank the facilities, and only admits the top approximately 20%, for example, as providers through the method. The patent application also requires membership to utilize the service, while the referenced patent makes no mention of required membership.

The purpose of the methods and services also differs. The purpose of the referenced patent application is to assist the user in quickly obtaining medical services within their budget at a convenient location. The patent application at issue intends to provide a service that allows people to obtain high quality health care individualized for their specific needs, while building a mutually beneficial relationship between the member and the health care provider. The method prescribed by the patent application at hand is very interactive and facilitates appointments and contact between the medical provider and member. The referenced patent merely exchanges the information of the medical provider to the user and the method's involvement ceases after the initial information has been exchanged, while the method described by the patent application in question provides for continued close involvement with the relationship between the health care provider and the member patient.

There are many distinctions made by the claims of the patent application at hand which differentiate the application from the teaching of the referenced patent. The patent application

for the Method for Providing Personalized Medical Care claims a quantitative method for choosing the associated healthcare facilities, wherein approximately the top 20%, for example, of a quantitative rating system will be chosen for participation in the method. The above referenced patent provides no quantitative method for choosing participating healthcare facilities based on quality, or any other method. Yet another distinction lies in the fact that the patent application claims that donations will be solicited from satisfied members, after an evaluative survey. The referenced patent does not teach of any evaluation or contact with the patient following the patient's care. Distinctions also lie in the central contact point between the patient and the medical provider.

Reference 3, US Patent 6,151,581 was issued on November 21, 2000 and filed on December 16, 1997. The patent describes a system and method of collecting and populating a database with physician and patient data for processing to improve practice quality and healthcare delivery. The invention was designed for use in a large network of physicians and provides a system for acquiring, managing, analyzing and summarizing patient clinical care information. The system and method involves a series of evaluations regarding the reason medical treatment was sought, the treatment that was prescribed as well as the diagnosis, and patient satisfaction with the care the patient received at the medical facility. The participating medical facilities will then be issued reports of patient satisfaction, disease profiles, and treatment profiles for continual improvement of their services.

The method described by the above mentioned patent offers limited services related to portions of the services offered by the patent application at issue. The application at issue offers a much broader scope of services, including quantitative methods for choosing high quality medical facilities for participation, membership of participants, matching of medical facilities

with participant patients depending on the circumstances and situations of the members, facilitation of the interaction between the member patient and participating medical facility, evaluation of the interaction between the member patient and participating medical facility, and solicitation of donation from the satisfied member to the responsible medical facility to foster mutually beneficial relationships between the member and the medical facility. The referenced patent application does not offer any method for choosing or facilitating a visit with a healthcare facility, and only offers limited evaluation services which include evaluation of the satisfaction of patients with the facility, however the evaluation in the referenced patent serves to increase the quality of care provided by the facility. The satisfaction evaluation by the method of the application at issue is to determine satisfaction level of the patients to determine the appropriateness of soliciting donations and to evaluate the status of the medical facility as a participant in the program. The present application promotes a much stronger relationship aspect between its member patients and participating medical facilities, while the referenced patent has little or no contact with the patients, besides the evaluation sheets that are completed. The referenced patent only has interaction with the physicians and medical facilities, as they are the true customer of the method disclosed by the referenced patent.

There are claimed distinctions between the two methods described above. The patent application at issue claims a much broader scope of participation in the healthcare process of the member than the referenced patent claims. The distinctions in the claims of the current application and the teaching of the referenced patent include differences in qualification of medical facilities and members to participate in the method. There are also differences in the level and purpose of services offered, as well as large differences in the scope of services offered. A distinction also exists in the contact method for the patient and medical facility. The

present patent application claims a dedicated staff person to act as a facilitator between the medical facility and the patient while the referenced patent does not teach of any central facilitator.

References 4-5 listed on Form PTO/SB/08B are journal articles published in the MGM Journal of the Medical Group Management Association, which discuss the emerging niche marketing opportunity of providing personalized medical services to the affluent. The articles highlight a fictitious illustrative business, named Individual Care, or I-Care. The fictitious I-Care provides individual health and medical services to affluent individuals based on relationship marketing. A patient manager will be assigned to each patient and will be responsible for the relationship with the patient, scheduling, and facilitating with the physicians and other facility employees for services for the patient. The facilities will have a boutique style environment, the patient will not spend time waiting, and the doctors will spend twice the time meeting with the affluent patient as they would an average patient.

Patentable differences exist between the fictitious company, I-Care's, method of business and the method described in the current patent application. I-Care provides medical facilities which are affiliated with a free-standing or university affiliated parent health provider, but have a separate location. The current patent application's method provides for a service that would offer a variety of exemplary medical facilities, allowing the member to be treated by the facility best suited for their needs and situation. The Method for Providing Personalized Medical Care calls for a quantitative system for choosing exemplary hospitals and medical facilities instead of limiting members to one hospital or medical center. With the method prescribed by the current patent, most commonly, treatment would occur in the facility, and not at a separate location.

Differences also exist in the method of payment and relationships involved through the method. I-Care's method obtains payment through a service fee system, and operates as a profit center for the parent hospital. The method in the patent application at issue operates on membership fees and encourages donations from members to be given to hospitals that have provided exemplary services, after a evaluative survey is completed concerning the quality of care received by the member. Relationships between the members and the medical facility are fostered, creating a beneficial situation for all parties, rather than acting as a profit center for any particular medical facility.

In the present patent application for the Method for Providing Personalized Medical Care, there are distinctions from the above referenced journal articles in the pending independent claims. A quantitative method for choosing the associated healthcare facilities, wherein approximately the top 20%, for example, of a quantitative rating system will be chosen for participation in the method. The abovementioned journal articles do not have a quantitative method for choosing participating healthcare facilities, and in fact limit their members to one specific healthcare facility. Distinctions also exist in the method of payment for the services provided by the methods in the patent application at issue and the referenced journal articles. The patent application claims that donations will be solicited from satisfied members, after an evaluative survey, as compared to the journal article which operates their method solely on a for fee basis as a profit center with no mention of evaluation methods upon completion of care.

The final two references, Reference 6-7, listed on Form PTO/SB/08B are websites for two services that offer individualized medical care for executives and other affluent people, named The Executive Registry and PinnacleCare. The Executive Registry is run by New York-Presbyterian University Hospital of Columbia and Cornell and offers personalized access to

medical care at a network of medical centers around the world. The Executive Registry caters to traveling executives. PinnacleCare is a service offering continuous medical and health care support. PinnacleCare provides patient advocates that accelerate access to physicians, research treatment options, and manage healthcare paperwork and appointments.

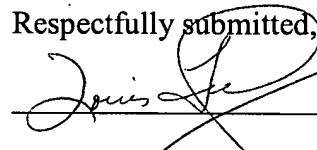
The invention at hand meets many needs unaccounted for by either Executive or Pinnacle. The Executive and Pinnacle services offer support staff that is only available remotely, and do not have personal contact with the patient. The present application provides one dedicated staff person at each involved medical facility for the support of each member patient receiving the medical facility's services. The Executive and Pinnacle services charge a membership based fee. The present invention charges a membership based fee, but also requests donations from members for exemplary service from a medical facility to the member. The Executive and Pinnacle services exist merely to provide a service to the member and do not promote relationships between the members and medical providers. Executive specifically caters to traveling executives that do not have the time or the ability to utilize and build a relationship with one single medical facility. The services cater towards convenience of the member receiving health care wherever they are traveling rather than ensuring competent and individual health care for the member's unique situation. The method of the application at hand exist to provide both a service to the member as well as foster relationships between the members and medical service facilities that are mutually beneficial.

The Method for Providing Personalized Medical Care, the present patent application, claims numerous distinctions from the referenced companies' websites and their services. It is claimed that at least one dedicated staff person will be provided that is at least partially supported by the membership provider that is exclusively dedicated to the member and is an employee of

the healthcare facility. This differs from the websites' method of providing member advocates that are available from a centralized facility and do not have an association with any specific healthcare facility. It is also claimed in the pending application that donations will be solicited from satisfied members, after the care and evaluation of the healthcare facility the member utilized, promoting mutually beneficial relationship between the member and the healthcare facility. The referenced website's method operates on a fee basis and does not solicit donations, or promote a relationship between the member and healthcare facility.

The present invention meets many industry needs that were not previously met with prior art. There are claimed patentable differences between the current application and prior art in the field, such as the method of quantitatively choosing participant healthcare facilities, requiring membership of patients, providing a dedicated staff person, evaluating services provided by the healthcare facilities, soliciting donations from satisfied members, and promoting mutually beneficial relationships between the healthcare provider and member. Enclosed are copies of the above mentioned literature.

Respectfully submitted,



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